STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

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Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER: Grant County Review		2. DATE: 9.16.20
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: $38 and $48
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box 390, Milbank, SD 57252		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): PO Box 390, Milbank, SD 57252		
6. FULL NAME OF PUBLISHER: Grant County Review Inc.		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: Grant County Review Inc.	COMPLETE MAILING ADDRESS: PO Box 390, Milbank, SD 57252	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.: None		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	3315	3315
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	500	500
2. Mail Subscription (Paid and or requested)	2185	2185
3. Paid Electronic Copies	165	165
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	2850	2850
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	51	51
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	2	2
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	2903	2903
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	272	272
2. Return from News Agents	140	140
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	3315	3315

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Holli Seehafer
(Signature)

Co-owner
(Title)

State of South Dakota

County of Grant

(Seal)

HOLLY A. RILEY NOTARY SEAL PUBLIC STATE OF SOUTH DAKOTA

Sworn to before me this 16 day of Sept, 20 20

Holly A Riley
Notary Public

My commission expires: _____

HOLLY A. RILEY
My Commission Expires October 12, 2022.